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DYSENTERY—ARKANSAS—MISSOURI.

Passed Asst. Surg. Ridlon reported July 22 that the dysentery outbreak in northeastern Arkansas and southeastern Missouri was subsiding. It will be difficult to ascertain how extensive the outbreak has been, as the disease is not notifiable, and most of the physicians do not keep case records, nor is the registration of deaths such as to give any useful information. The undertakers' records are also of little value in this connection.

The disease has been widespread in southeastern Missouri and northeastern Arkansas and probably few communities in this area have escaped. Statements of physicians indicate that the disease has also existed in near-by territory in Tennessee and Mississippi. It seems to be the experience of physicians that similar outbreaks of enterocolitis are of annual occurrence, usually beginning in May and extending into June. The outbreak this year is believed to be more severe than usual. Certain physicians in Dunklin County estimate that there have been several hundred cases, with probably 50 deaths, in the county. Measures have been taken to ascertain definitely the specific organism causing the outbreak.

MENINGOCOCCUS CARRIERS.

THEIR RECOGNITION AND TREATMENT.

The "meningococcus carrier" is an individual who harbors the meningococcus without exhibiting symptoms of meningitis. He is of importance to us at this time because of the prospective concentration in camps of a large number of young adults of a susceptible age. These young men are brought into intimate contact with one another and furnish ready material under conditions which have been shown to be favorable for the spread of epidemics of meningitis. The nasopharynx is the location in which the meningococcus is most frequently found, and is the site affected; a fact which is of practical importance in the dissemination of the organism. Here it flourishes,